

ORIGINAL

FILED

JUL - 9 2008

RICHARD W. WIEKING
CLERK U.S. DISTRICT COURT,
NORTHERN DISTRICT OF CALIFORNIAUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

JAMES CENTOBENE,

Plaintiff,

vs.

ARNOLD SCHWARZENEGGER, et al.,

Defendant.

CASE NO. _____

WHA
PRISONER'S
APPLICATION TO PROCEED (PR)
IN FORMA PAUPERIS

I, James Centobene, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to ~~pay the costs of this action or~~ give security, and that I believe that I am entitled to relief. I submitted this application pursuant to Clerk's orders.

In support of this application, I provide the following information:

1. Are you presently employed? Yes xx No _____

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: Unpaid Labor, \$0.00 Net: Unpaid Labor, \$0.00

Employer: Correctional Training Facility, Highway 101 (5 Mi. No. of

Soledad), P.O. Box 686, Soledad, CA 93960-0686

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 Galpin Ford (Roscoe Blvd. by 405 Freeway, 1993)
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ____ No XX
 10 self employment

11 b. Income from stocks, bonds, Yes ____ No XX
 12 or royalties?

13 c. Rent payments? Yes ____ No XX

14 d. Pensions, annuities, or Yes ____ No XX
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes ____ No XX
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 Not Applicable
 22 _____

23 3. Are you married? Yes ____ No XX

24 Spouse's Full Name: Not Applicable

25 Spouse's Place of Employment: Not Applicable

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ Not Applicable Net \$ Not Applicable

28 4. a. List amount you contribute to your spouse's support: \$ 0.00

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

None

5. Do you own or are you buying a home? Yes ___ No XX

Estimated Market Value: \$ N/A Amount of Mortgage: \$ N/A

6. Do you own an automobile? Yes ___ No XX

Make N/A Year N/A Model N/A

Is it financed? Yes ___ No XX If so, Total due: \$ N/A

Monthly Payment: \$ N/A

7. Do you have a bank account? Yes ___ No XX (Do not include account numbers.)

Name(s) and address(es) of bank: N/A

(I have a prison Trust Account, Correctional Training Facility)

Present balance(s): \$ N/A

Do you own any cash? Yes XX No ___ Amount: \$ 900.00 (Approximately)

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No XX

8. What are your monthly expenses?

Rent: \$ N/A Utilities: N/A

Food: \$ N/A Clothing: N/A

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 None

4
5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No XX

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 Not Applicable

10
11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 June 3, 2008

17 DATE

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SIGNATURE OF APPLICANT

Case Number: CV 08-2708 WHA (PR)

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of James Centobene for the last six months
[prisoner name]
Correctional Training Facility where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 8.34 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 804.23.

Dated: 7-7-08

Yolanda Chavez
[Authorized officer of the institution]
Acct. 1 Spec.

Correctional Training Facility
P. O. Box 980
15 Miles N of Soledad on US 102
Soledad, California 94060
ATTN: Trust Office



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: 7/7/08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *Yolanda Chavez*
TRUST OFFICE
Acct. 1 Spec.

REPORT ID: TS3030 .701 REPORT DATE: 07/07/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CTF SOLEDAD/TRUST ACCOUNTING
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 08, 2008 THRU JUL. 07, 2008

ACCOUNT NUMBER : J17051 BED/CELL NUMBER: NORBT20000000201L
ACCOUNT NAME : CENTOBENE, JAMES ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN DATE CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
02/08/2008	BEGINNING BALANCE					961.06
02/21 W450	DONATION-VETE 2701MOHIGH				23.00	938.06
03/17 FC02	DRAW-FAC 2 3022 UN-I				60.00	878.06
03/21 D300	CASH DEPOSIT 3066 68451			50.00		928.06
04/09 W536	COPAY CHARGE 3291 05667				5.00	923.06
04/14 FR01	CANTEEN RETUR 703341				60.00-	983.06
04/14 FC02	DRAW-FAC 2 3354 UN-I				100.00	883.06
05/19 FR01	CANTEEN RETUR 703808				100.00-	983.06
05/19 FC02	DRAW-FAC 2 3820 U-I				100.00	883.06
06/10 FR01	CANTEEN RETUR 704115				100.00-	983.06
06/10 FC02	DRAW-FAC 2 4127 U-I				100.00	883.06
06/17*W512	LEGAL POSTAGE 4246 LPOST				4.80	878.26
06/18 W512	LEGAL POSTAGE 4273 LPOST				12.65	865.61
06/18 W415	CASH WITHDRAW 4257 FFEE 203439927				350.00	515.61
07/02 W415	CASH WITHDRAW 0019 JUL08 203440040				90.00	425.61

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
961.06	50.00	585.45	425.61	0.00	0.00

CURRENT
AVAILABLE
BALANCE
425.61

Correctional Training Facility
P. O. Box 688
16 Miles N of Soledad on US 101
Soledad, California 95068
ATTN: Trust office

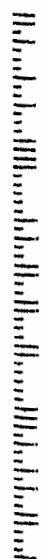


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COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: 7/7/08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY Blanca Chang
TRUST OFFICE
Act. 1 Spec.

Clerk's Office of the
United States District Court
Northern District of California
450 Golden Gate Avenue
San Francisco, CA 94102

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Accountant
Specialist
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Shirley
Gunn